

HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2006 OF THE CONDITION AND AFFAIRS OF THE

MEMPHIS MANAGED CARE CORPORATION

	WILWIFTIIS WIANAGED	CARL CORFORAT	ION
NAIC Group Code 0000 (Current Per	riod) , 2005 NAIC Company C	ode 00000 Employer's II	O Number 621539163
,		State of Dominile or Dort of Entry	Tanasasa
Organized under the Laws of TE	ENNESSEE	, State of Domicile or Port of Entry	Tennessee
Country of Domicile US			
Licensed as business type:			
Life Accident and Health [] Dental Service Corporation [] Health Maintenance Organization [X]	Property/Casualt Vision Service Cc Is HMO Federally Qualified? Yes(X)	rporation []	Hospital , Medical and Dental Service or Indemnity [] Other []
Incorporated July 7, 1993		Commenced Business January 1, 1994	
Statutory Home Office 1407 Union	n Ave. Suite 200, Memphis, Tennessee 38104		
		ber, City or Town, State and Zip Code)	
Main Administrative Office 1407 U	Union Ave. Suite 200, Memphis, Tennessee 38104	Town Olaha and To Onda)	901-725-7100
Maril Address 4407 Union Ave. Crite	(Street and Number, City or	Town, State and ZIP Code)	(Area Code) (Telephone Number)
Mail Address 1407 Union Ave. Suite	•	City or Town, State and Zip Code)	
Primary Location of Books and R	decords 1407 Union Ave. Suite 200, Memphis, Tennessee 38	04	
	901-725-7100 (Str	eet and Number, City or Town, State and Zip Code)	
	(Area Code) (Telephone Number)		
Internet Website Address www.n	nmcc-tlc.com		
Statutory Statement Contact Ch	hervll A Miller		901-725-7100
· <u>-</u>	(Name)		(Area Code) (Telephone Number) (Extension)
_cmiller@mmcc-tlc.com	(E-Mail Address)		901-405-7802 (Fax Number)
Policyowners Relations Contact and Phone Number	200, Memphis, Tennessee 38104 (Street and Number, City or Town, State and Z	p Code)	901-725-7100 (Area Code) (Telephone Number) (Extension)
	OFF	CERS	
	1. AL KING (Preside 2. BRUCE STEINHA	nt) JER, DR. (Secretary)	
	WOE DD	FOIDENTO	
	VICE PR	ESIDENTS	
	DIRECTORS	OR TRUSTEES	
0.4.6.7	3		
State of Tennessee County of SHELBY	S S		
	,		
absolute property of the said reporting enti-	duly sworn, each depose and say that they are the described officers ity, free and clear from any liens or claims thereon, except as here tatement of all the assets and liabilities and of the condition and affa	in stated, and that this statement, together with re	elated exhibits, schedules and explanations therein contained,
for the period ended, and have been comp	pleted in accordance with the NAIC Annual Statement Instructions a	and Accounting Practices and Procedures manual	except to the extent that: (1) state law may differ; or, (2) that
state rules of regulations require difference	es in reporting not related to accounting practices and procedures, a	locording to the best of their information, knowledg	וכ מווע טיטווכו , וכיסףפיטוויכוץ.
AL KING	RRI ICE STE	INHAUER, DR.	
President	Se	oretary	
Subscribed and sworn to before me this 24 day of May, 2006			
		a. Is this an original filing	Yes (X) No ()
NOTADY BUBLIC (C. 1)		b. If no: 1. State the am	endment number
NOTARY PUBLIC (Seal)		2 Data filed	

2. Date filed

3. Number of pages attached

STATEMENT AS OF MARCH 31, 2006 OF THE MEMPHIS MANAGED CARE CORPORATION

ASSETS

		С	urrent Statement Dat	e	4
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Col. 1 minus Col. 2)	Prior Year Net Admitted Assets
1.	Bonds	16 031 308		16,031,398	17,364,710
2.	Stocks:	10,031,090		10,031,030	17,304,710
۷.	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate:				
0.	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate:				
	4.1 Properties occupied by the company (less \$encumbrances)				
	4.2 Properties held for the production of income (less \$				
	4.3 Properties held for sale (less \$ encumbrances)				
5.	Cash (\$ 3,906,240) , cash equivalents (\$				
0.	and short-term investments (\$)	3,906,240		3,906,240	5,991,255
6.	Contract loans (including \$ premium notes)				
7.	Other invested assets	1,453,390		1,453,390	
8.	Receivables for securities				
9.	Aggregate write-ins for invested assets				
10.	Subtotals, cash and invested assets (Line 1 to Line 9)	21,391,028		21,391,028	23,355,965
11.	Title plants less \$				
12.	Investment income due and accrued	136,563		136,563	165,141
13.	Premiums and considerations:				
	13.1 Uncollected premiums and agents' balances in the course of collection				
	13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)				
	13.3 Accrued retrospective premiums				
14.	Reinsurance:				
	14.1 Amounts recoverable from reinsurers				
	14.2 Funds held by or deposited with reinsured companies				
	14.3 Other amounts receivable under reinsurance contracts				
15.	Amounts receivable relating to uninsured plans				
16.1	Current federal and foreign income tax recoverable and interest thereon				
16.2	Net deferred tax asset				
17.	Guaranty funds receivable or on deposit				
18.	Electronic data processing equipment and software	626,767	626,767		
19.	Furniture and equipment, including health care delivery assets (\$)	133,469	133,469		
20.	Net adjustment in assets and liabilities due to foreign exchange rates				
21.	Receivables from parent, subsidiaries and affiliates	639,597		639,597	563,933
22.	Health care (\$) and other amounts receivable	8,537,371		8,537,371	4,766,529
23.	Aggregate write-ins for other than invested assets	687,377	687,377		
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 10 to Line 23)	32, 152, 172	1,447,613	30,704,559	28,851,568
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26.	Totals (Line 24 and Line 25)	32, 152, 172	1,447,613	30,704,559	28,851,568
	LS OF WRITE-INS				
0902.					
0998.	Summary of remaining write-ins for Line 9 from overflow page				
υ 999 .	Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above)				
	Prepaid Expenses Provider Advances	90,000	90,000		
2398.	Summary of remaining write-ins for Line 23 from overflow page Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above)				
<u>د</u> القال ک	TOTALIO (LINO 2001 I INOUGHI LINO 2000 PIUO LING 2000) (LING 20 aboute)	001,311	001,311		

LIABILITIES, CAPITAL AND SURPLUS

			Current Period		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$reinsurance ceded)				
2.	Accrued medical incentive pool and bonus amounts.				
3.	Unpaid claims adjustment expenses				
4.	Aggregate health policy reserves.				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve.				
7.	Aggregate health claim reserves				
8.	Premiums received in advance.				
9.	General expenses due or accrued	2,108,079		2,108,079	2,313,261
10.1	Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))				
10.2	Net deferred tax liability.				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Rorrowed money (including \$ current) and interest thereon \$				
	(including \$				
15.	Amounts due to parent, subsidiaries and affiliates.				
16.	Payable for securities				
17.	Funds held under reinsurance treaties with (\$				
18.	Reinsurance in unauthorized companies.				
19.	Net adjustments in assets and liabilities due to foreign exchange rates.				
20.	Liability for amounts held under uninsured plans.				
21.	Aggregate write-ins for other liabilities (including \$				
22.	Total liabilities (Line 1 to Line 21)			2,108,079	2,313,261
23.	Aggregate write-ins for special surplus funds.	XXX	XXX		
24.	Common capital stock.	XXX	XXX		
25.	Preferred capital stock	XXX	XXX		
26.	Gross paid in and contributed surplus.	XXX	XXX	3,699,498	3,699,498
27.	Surplus notes	XXX	XXX		
28.	Aggregate write-ins for other than special surplus funds	XXX	XXX		
29.	Unassigned funds (surplus)	XXX	XXX	24,896,982	22,838,810
30.	Less treasury stock, at cost:				
	30.1	XXX	XXX		
	30.2shares preferred (value included in Line 25 \$).	XXX	XXX		
31.	Total capital and surplus (Line 23 to Line 29 minus Line 30)	XXX	XXX	28,596,480	26,538,308
32.	Total Liabilities, capital and surplus (Line 22 and Line 31).	XXX	XXX	30,704,559	28,851,569
DETAI	LS OF WRITE-INS				
2101.					
2102. 2103.					
2198.	Summary of remaining write-ins for Line 21 from overflow page. Totals (Line 2101 through Line 2103 plus Line 2198) (Line 21 above)				
2133.	Totals (Line 2 to 1 through Line 2 to 5 plus Line 2 to 5) (Line 21 above)				
2301. 2302.		XXX XXX	X X X X X X		
2303.	Summary of remaining write-ins for Line 23 from overflow page.	XXX XXX	XXX XXX		
	Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above)	XXX	XXX		
2801.		XXX	XXX		
2802. 2803.		XXX XXX	XXX XXX		
2898.	Summary of remaining write-ins for Line 28 from overflow page	XXX	XXX XXX		
۷٥٩٩.	Totals (Line 2801 through Line 2803 plus Line 2898) (Line 28 above)	XXX	^^^		

STATEMENT OF REVENUE AND EXPENSES

2. M 3. C 4. F 5. F 6. A 7. A 8. T Hospital: 9. H 10. C 11. C 12. E	Member Months Net premium income (including \$	1 Uncovered XXX XXX XXX XXX XXX XXX XXX XXX XXX	2 Total	
2. M 3. C 4. F 5. F 6. A 7. A 8. T Hospital: 9. H 10. C 11. C 12. E	Net premium income (including \$	XXX XXX XXX XXX XXX XXX		2,246,795
2. M 3. C 4. F 5. F 6. A 7. A 8. T Hospital: 9. H 10. C 11. C 12. E	Net premium income (including \$	XXX XXX XXX XXX XXX		
3. C 4. F 5. F 6. A 7. A 8. T Hospital a 9. H 10. C 11. C 12. E	Change in unearned premium reserves and reserve for rate credits Fee-for-service (net of \$	XXX XXX XXX XXX		
4. F 5. F 6. A 7. A 8. T Hospital: 9. F 10. C 11. C 12. E	Fee-for-service (net of \$	XXX XXX XXX		
5. F 6. A 7. A 8. T Hospital: 9. H 10. C 11. C 12. E	Risk revenue Aggregate write-ins for other health care related revenues Aggregate write-ins for other non-health revenues Total revenues (Line 2 to Line 7) and Medical:	XXX XXX XXX		
6. A 7. A 8. T Hospital i 9. F 10. C 11. C 12. E 13. F	Aggregate write-ins for other health care related revenues Aggregate write-ins for other non-health revenues Total revenues (Line 2 to Line 7) and Medical:	XXX XXX		
7. A 8. T Hospital (9. F 10. C 11. C 12. E 13. F	Aggregate write-ins for other non-health revenues Total revenues (Line 2 to Line 7) and Medical:	XXX		
8. T Hospital: 9. H 10. C 11. C 12. E	Total revenues (Line 2 to Line 7)			
Hospital a 9. F 10. C 11. C 12. E 13. F	and Medical:	* * * *	1	
9. H 10. C 11. C 12. E 13. F	And medical: Hospital/medical benefits			
11. C 12. E 13. F				
12. E	Other professional services			
13. F	Outside referrals			
	Emergency room and out-of-area			
	Prescription drugs			
14. <i>A</i>	Aggregate write-ins for other hospital and medical			
15. li	Incentive pool, withhold adjustments and bonus amounts			
16. 5	Subtotal (Line 9 to Line 15)			
Less: 17. N	Net reinsurance recoveries			
18. T	Total hospital and medical (Line 16 minus Line 17)			
19. N	Non-health claims (net)			
20. (Claims adjustment expenses, including \$cost containment expenses		586,656	2,688,754
21. (General administrative expenses		(1,354,083)	(8,711,995)
	Increase in reserves for life and accident and health contracts (including \$increase in reserves for life only)			
23. T	Total underwriting deductions (Line 18 through Line 22)		(767,427)	(6,023,241)
24. N	Net underwriting gain or (loss) (Line 8 minus Line 23)	XXX	767,427	6,023,241
25. N	Net investment income earned			864,208
26. N	Net realized capital gains (losses) less capital gains tax of \$			
27. N	Net investment gains (losses) (Line 25 plus Line 26)			864,208
28. N	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			
	Aggregate write-ins for other income or expenses			
30. N	Net income or (loss) after capital gains tax and before all other federal income taxes			
,	(Line 24 plus Line 27 plus Line 28 plus Line 29)	XXX	1,118,522	
	Federal and foreign income taxes incurred	XXX		
32. N	Net income (loss) (Line 30 minus Line 31)	XXX	1,118,522	,7,972,686
DETAI 0601.	ILS OF WRITE-INS	XXX		
0602. 0603.		XXX XXX		
0698. 0699.	Summary of remaining write-ins for Line 6 from overflow page	XXX XXX		
0701.	, , , , , ,	XXX		
0702. 0703.		XXX XXX		
0798.	Summary of remaining write-ins for Line 7 from overflow page Totals (Line 0701 through Line 0703 plus Line 0798) (Line 7 above)	XXX XXX		
1401.	, , , , ,			
1402. 1403.				
1498 . 1499 .	Summary of remaining write-ins for Line 14 from overflow page			
2901.	, , , , ,			
2902. 2903.				
2998. 2999.	Summary of remaining write-ins for Line 29 from overflow page			

STATEMENT AS OF MARCH 31, 2006 OF THE MEMPHIS MANAGED CARE CORPORATION

STATEMENT OF REVENUE AND EXPENSES (continued)

		1	2	3
	CAPITAL AND SURPLUS ACCOUNT	Current Year to Date	Prior Year To Date	Prior Year
33.	Capital and surplus prior reporting year	26,539,128	21,118,907	
34.	Net income (loss) from Line 32	1,118,522	7,972,686	
35.	Change in valuation basis of aggregate policy and claims reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$			
37.	Change in net unrealized foreign exchange capital gain or (loss).			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets.	(326,537)	447,535	
40.	Change in unauthorized reinsurance.			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus.			
45.	Surplus adjustments:			
	45.1 Paid in			
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Tranferred from capital			
46.	Dividends to stockholders.		(3,000,000)	
47.	Aggregate write-ins for gains or (losses) in surplus	1,266,197		
48.	Net change in capital and surplus (Line 34 to Line 47)	2,058,182	5,420,221	
49.	Capital and surplus end of reporting period (Line 33 plus Line 48)	28,597,310	26,539,128	
DET	AILS OF WRITE-INS			
4701	I. Audit Adjustment	1,266,197		
4702	2			
4703).			
4798	3. Summary of remaining write-ins for Line 47 from overflow page			
4799	7. Totals (Line 4701 through Line 4703 plus Line 4798) (Line 47 above)	1,266,197		

Report #2A: TENNCARE OPERATIONS STATEMENT OF REVENUES AND EXPENSES

Report #2A: TENNCARE OPERATIONS STATE	Currer		Previous Year
	Current	Year to Date	Trevious rear
	Period	Total	Total
Member Months	518,118	518,118	2,246,795
REVENUES:	010,110	010,110	2,240,730
1 TennCare Capitation	47,326,562	47,326,562	367,876,872
2 Investment	308,255	308,255	864,208
3 Other Revenue	(41,555)	(41,555)	43,358
4 Total Revenue	47,593,263	47,593,263	368,784,439
T Total Movemen	-17,000,200	+1,000,200	300,704,439
EXPENSES:			
Medical and Hospital Services			
5 Capitated Physician Services	3,461,197	3,461,197	12,205,478
6 Fee for Service Physician Services	3,104,821	3,104,821	93,556,322
7 Inpatient Hospital Services	19,025,370	19,025,370	90,584,074
8 Outpatient Services	372	372	138,972
9 Emergency Room Services	6,582,067	6,582,067	27,868,700
10 Mental Health Services	3,706	3,706	17,119
11 Dental Services	-	J, 7 J J	-
12 Vision Services	432,487	432,487	1,926,889
13 Pharmacy Services	-	-	2,511
14 Home Health Services	1,325,770	1,325,770	3,589,644
15 Chiropractic Services	,,020,.70	1,020,170	0,000,044
16 Radiology Services	783,118	783,118	5,275,687
17 Laboratory Services	1,777,332	1,777,332	10,909,636
18 Durable Medical Equipment Services	89,625	89,625	928,798
19 Transportation Services	1,095,502	1,095,502	4,043,600
20 Outside Referrals	1,000,002	1,000,002	-,040,000
21 Medical incentive Pool and Withhold Adjustments	_	_	_
22 Occupancy Depreciation and Amortization	_	_	_
23 Other Medical and Hospital Services	4,380,028	4,380,028	80,912,940
24 Subtotal	42,061,396	42,061,396	331,960,371
25 Reinsurance Expense Net of Recoveries			1,190,059
LESS:		-	1,190,009
26 Copayments	_]	_	_
27 Subrogation			6,093
28 Coordination of Benefits			244
29 Subtotal	_	_	6,336
		_	0,000
30 TOTAL MEDICAL AND HOSPITAL	42,061,396	42,061,396	333,144,093
	,00,,000	,001,000	000,144,000
<u>Administration</u>	1		
31 Compensation	2,223,202	2,223,202	9,881,839
32 Marketing	19,499	19,499	61,912
33 Interest Expense	92	92	
34 Premium Tax Expense		_	11,245,609
35 Occupancy Depreciation and Amortization	133,289	133,289	858,581
36 Other Administration	1,983,618	1,983,618	7,995,175
	,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
37 TOTAL ADMINISTRATION	4,359,699	4,359,699	30,043,116
38 TOTAL EXPENSES	46,421,095	46,421,095	362,997,880
39 NET INCOME (LOSS)	1,172,168	1,172,168	8,188,759

CASH FLOW

		1	2
		Current Year To Date	Prior Year Ended December 31
	Cash from Operations		
1.			
4.	Total (Line 1 through Line 3)	171,692	864,208
5	Benefit and loss related payments		
6.	Net transfers to Separate, Segregated Accounts and Protected Cell Accounts.		
7. 8.	Commissions, expenses paid and aggregate write-ins for deductions. Dividends paid to policyholders	(724,587)	
9.	Federal and foreign income taxes paid (recovered) \$		
10	Total (Line 5 through Line9)	(724 587)	3 773 991
10.	Total (Emo Cinocgi Emoc)	(121,001)	0,110,001
11.	Net cash from operations (Line 4 minus Line 10)	896,279	(2,909,783)
	Cash from Investments		
40			
12.	Proceeds from investments sold, matured or repaid: 12.1 Bonds		
	12.2 Stocks		
	12.4 Real estate 12.5 Other invested assets		
	12.6 Net gains or (losses) on cash, cash equivalants and short-term investments.		
	12.7 Miscellaneous proceeds		
	12.8 Total investment proceeds (Line 12.1 through Line 12.7)		
13.	Cost of investments acquired (long-term only): 13.1 Bonds		
	13.2 Stooks		
	13.5 Other invested assets	1,453,390	
	13.7 Total investments acquired (Line 13.1 through Line 13.6)		
14.	Net increase or (decrease) in contract loans and premium notes		(1,971,582)
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(1,453,390)	1,971,582
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes 16.2 Capital and paid in surplus, less treasury stock		3,699,498
	16.3 Borrowed funds 16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders	300.063	(3,000,000)
	16.6 Other cash provided (applied)	300,063	
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	300,063	6,929,457
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	(257,048)	5,991,256
19.	Cash, cash equivalents and short-term investments:	- 00/ 0	
	19.1 Beginning of year. 19.2 End of period (Line 18 plus Line 19.1)		5,991,256
Note	e: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0			
20.0	003		
20.0	005		
20.0			
20.0	8000		
	0010		

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Ho	ospital and Medical)	4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	2,246,795								2,246,795				
2. First Quarter	518,118								518,118				
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months	518,118								518,118				
Total Member Ambulatory Encounters for Period:													
7. Physician	187,315								187,315				
8. Non-Physician	7,221												
9. Total	194,536								194,536				
10. Hospital Patient Days Incurred	25,022								25,022				
11. Number of Inpatient Admissions.	6,749								6,749				
12. Health Premiums Written.													
13. Life Premiums Direct													
14. Property/Casualty Premiums Written.													
15. Health Premiums Earned.													
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services													
18. Amount Incurred for Provision of Health Care Services													

STATEMENT AS OF MARCH 31, 2006 OF THE MEMPHIS MANAGED CARE CORPORATION

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

	Claims Paid Year to Date Liability End of Current Quarter			Liability End of Current Quarter		6 Estimated Claim
	1	2	3	4		Reserve and Claim
Line of Business	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 plus 3)	Liability December 31 of Prior Year
Comprehensive (hospital and medical)						
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan		I	l 			
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Line 1 to Line 8)	/ 1					
10. Healthcare recievables (a)						
1. Other non-health						
2. Medical incentive pools and bonus amounts						
3. Totals						

⁽a) Excludes \$loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

17C. Wash Sales

MMCC did not engage in any wash sales for the quarter.

Events subsequent to the end of the most recent fiscal year

MMCC has formed a wholly owned taxable subsidiary known as "Midsouth Health Solutions". MMCC purchased from MHS 100% of the issued and outstanding common stock for \$1,500,000.

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

GENERAL

	Model Ad	GL:					Yes () No (X		
1.2	2 If yes, has the report been filed with the domiciliary state?)	
2.1	Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?								
2.2									
	If not previously filed, furnish herewith a certified copy of the instrument as amended.								
3.		ere been any substantial changes in the organizatio					Yes () No (X	()	
	•	omplete the Schedule Y - Part 1 - organizational ch							
4.1			dation during the period covered by this statement?				Yes () No (X	i.)	
4.2		rovide name of entity, NAIC Company Code, and sor consolidation.	state of domicile (use two letter state abbreviation) for any ent	ity that has ceased to ex	ist as a result	t of the			
		N	1 lame of Entity	2 NAIC Company Coo	de State	3 e of Domicile			
5.		porting entity is subject to a management agreement been any significant changes regarding the term	t, including third-party administrator(s), managing general ag s of the agreement or principals involved?	ent(s), attorney-in-fact,	or similar agı	reement,	Yes () No () N/A (
	If yes, at	ttach an explanation.							
6.1	State as	of what date the latest financial examination of the	reporting entity was made or is being made.				03/31/2001		
6.2		e should be the date of the examined balance shee	and not the date the report was completed or released.						
	This date State as	of what date the latest financial examination report	and not the date the report was completed or released. became available to other states or the public from either the on report and not the date of the examination (balance sheet d	state of domicile or the reate).	eporting entity	/ .	10/31/2002		
6.3	This date State as This is th	of what date the latest financial examination report	became available to other states or the public from either the	state of domicile or the reate).	eporting entity	y .	10/31/2002		
6.3	This date State as This is th	of what date the latest financial examination report ne release date or completion date of the examinati	became available to other states or the public from either the	state of domicile or the reate) .	eporting entity	<i>y</i> .	10/31/2002		
6.3 6.4 7.1	This date State as This is th By what Has this re governme	of what date the latest financial examination reporting release date or completion date of the examination department or departments? eporting entity had any Certificates of Authority, licental entity during the reporting period? (You need	became available to other states or the public from either the	ate).			·	()	
6.4 7.1	This date State as This is th By what Has this re governme agreemen	of what date the latest financial examination report the release date or completion date of the examination department or departments? The porting entity had any Certificates of Authority, licental entity during the reporting period? (You need in t.)	became available to other states or the public from either the on report and not the date of the examination (balance sheet does not be a state of the examination of the examination (balance sheet does not be a state of the examination of the e	ate).			10/31/2002 :- Yes () No (X	·)	
6.3 6.4 7.1	This date State as This is th By what Has this re governme agreemen If yes, giv	of what date the latest financial examination reported release date or completion date of the examination department or departments?	became available to other states or the public from either the on report and not the date of the examination (balance sheet does not be a state of the examination of the examination (balance sheet does not be a state of the examination of the e	ate). cable) suspended or rev y clause is part of the	oked by any		·	.)	
6.3 6.4 7.1	This date State as This is th By what Has this re governme agreemen If yes, giv	of what date the latest financial examination reported release date or completion date of the examination department or departments?	became available to other states or the public from either the on report and not the date of the examination (balance sheet does not be a state of the examination) balance sheet does not registrations (including corporate registration, if application of report an action, either formal or informal, if a confidentiality	ate). cable) suspended or rev y clause is part of the	oked by any		·	·)	
6.4	This date State as This is th By what Has this re governme agreemen If yes, giv	of what date the latest financial examination reported release date or completion date of the examination department or departments?	became available to other states or the public from either the on report and not the date of the examination (balance sheet does not be a second of the examination) balance sheet does not registrations (including corporate registration, if application) or report an action, either formal or informal, if a confidentiality	ate). cable) suspended or rev y clause is part of the	oked by any		·	,	
6.3	This date State as This is th By what Has this re governme agreemen If yes, giv	of what date the latest financial examination report the release date or completion date of the examination department or departments? The porting entity had any Certificates of Authority, licental entity during the reporting period? (You need int.) The full information	became available to other states or the public from either the on report and not the date of the examination (balance sheet does not report and not the date of the examination (balance sheet does not registrations) (including corporate registration, if applied to report an action, either formal or informal, if a confidential dated by the Federal Reserve Board?	ate). cable) suspended or rev y clause is part of the	oked by any		Yes () No (X	,	
6.3	This date State as This is th By what Has this re governme agreemen If yes, giv	of what date the latest financial examination reporting release date or completion date of the examination department or departments? department or departments? deporting entity had any Certificates of Authority, licental entity during the reporting period? (You need int.) we full information	became available to other states or the public from either the on report and not the date of the examination (balance sheet does not report and not the date of the examination (balance sheet does not registrations) (including corporate registration, if applied to report an action, either formal or informal, if a confidential dated by the Federal Reserve Board?	ate). cable) suspended or rev y clause is part of the	oked by any		Yes () No (X	,	
7.2 8.1 8.2	This date State as This is th By what Has this re governme agreemen If yes, giv	of what date the latest financial examination reporting release date or completion date of the examination department or departments? department or departments? deporting entity had any Certificates of Authority, licental entity during the reporting period? (You need int.) we full information	became available to other states or the public from either the on report and not the date of the examination (balance sheet do not report and not the date of the examination (balance sheet do not report and not report an action, either formal or informal, if a confidential not report an action, either formal or informal, if a confidential not report an action, either formal or informal, if a confidential not report an action, either formal or informal, if a confidential not report an action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal not report and action not report action not report and action not report action	ate). cable) suspended or rev y clause is part of the	oked by any		Yes () No (X	·)	
6.3 6.4 77.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	This date State as This is th By what Has this re governme agreemen If yes, giv Is the com If respons Is the com	of what date the latest financial examination report he release date or completion date of the examination department or departments? eporting entity had any Certificates of Authority, licital entity during the reporting period? (You need int.) we full information enpany a subsidiary of a bank holding company regulate to 8.1 is yes, please identify the name of the bank plants and the plants of the company affiliated with one or more banks, thrifts or see to 8.3 is yes, please provide below the names at Federal Reserve Board (FRB), the Office of the Company affiliated with the comp	became available to other states or the public from either the on report and not the date of the examination (balance sheet do not report and not the date of the examination (balance sheet do not report and not report an action, either formal or informal, if a confidential not report an action, either formal or informal, if a confidential not report an action, either formal or informal, if a confidential not report an action, either formal or informal, if a confidential not report an action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal not report and action not report action not report and action not report action	cable) suspended or rev y clause is part of the	roked by any	ces agency	Yes () No (X Yes () No (X	·)	
6.3 6.4 77.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	This date State as This is th By what Has this re governme agreemen If yes, giv Is the com If respons Is the com	of what date the latest financial examination reported release date or completion date of the examination department or departments? department or departments. department or departments. department or departments. department or departments. departme	became available to other states or the public from either the con report and not the date of the examination (balance sheet do not report and not the date of the examination (balance sheet do not report and not the date of the examination (balance sheet do not report and action, either formal or informal, if a confidential not report an action, either formal or informal, if a confidential not report an action, either formal or informal, if a confidential not report an action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal not report and action, either formal or informal not report and action, either formal not report and action, either formal not report and either formal	egulated by a federal region (OTS), the Federal	roked by any ulatory servic Deposit Insur	ees agency rance	Yes () No (X	·)	
7.1 7.2 33.1 33.3 33.4	This date State as This is th By what Has this re governme agreemen If yes, giv Is the com If respons Is the com	of what date the latest financial examination report he release date or completion date of the examination department or departments? eporting entity had any Certificates of Authority, licental entity during the reporting period? (You need int.) we full information enpany a subsidiary of a bank holding company regulate to 8.1 is yes, please identify the name of the bank plant is yes, please identify the name of the bank plant is yes, please provide below the names at Federal Reserve Board (FRB), the Office of the Coon (FDIC) and the Securities Exchange Commission	became available to other states or the public from either the con report and not the date of the examination (balance sheet of the examination (balance sheet of the examination (balance sheet of the examination) (balance sheet of the examination), if application (report an action, either formal or informal, if a confidential stated by the Federal Reserve Board? In the following company. Becurities firms? Ind location (city and state of the main office) of any affiliates result of the currency (OCC), the Office of Thrift Supervision (SEC)] and identify the affiliate's primary federal regulator.	egulated by a federal region (OTS), the Federal	oked by any ulatory servic Deposit Insur	tes agency rance	Yes () No (X Yes () No (X Yes () No (X	·)	
7.1 7.2 33.1 33.3 33.4	This date State as This is th By what Has this re governme agreemen If yes, giv Is the com If respons Is the com	of what date the latest financial examination reported release date or completion date of the examination department or departments? department or departments. department or departments. department or departments. department or departments. departme	became available to other states or the public from either the con report and not the date of the examination (balance sheet do not report and not the date of the examination (balance sheet do not report and not the date of the examination (balance sheet do not report and action, either formal or informal, if a confidential not report an action, either formal or informal, if a confidential not report an action, either formal or informal, if a confidential not report an action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal, if a confidential not report and action, either formal or informal not report and action, either formal or informal not report and action, either formal not report and action, either formal or informal not report and action, either formal not report and either formal not repo	egulated by a federal region (OTS), the Federal	roked by any ulatory servic Deposit Insur	ees agency rance	Yes () No (X	·)	
6.3 6.4 77.1 8.1 8.2 8.3 8.4	This date State as This is th By what Has this re governme agreemen If yes, giv Is the com If respons Is the com	of what date the latest financial examination reported release date or completion date of the examination department or departments? department or departments? department or departments? deporting entity had any Certificates of Authority, licental entity during the reporting period? (You need int.) defull information department or departments? deporting entity had any Certificates of Authority, licental entity during the reporting period? (You need int.) defull information department or departments? department or departments. department or depart	became available to other states or the public from either the con report and not the date of the examination (balance sheet do not report and not the date of the examination (balance sheet do not report and not the date of the examination (balance sheet do not report an action, either formal or informal, if a confidentiality of the property of the formal or informal, if a confidentiality of the property of the	egulated by a federal region (OTS), the Federal 3 4 FRB OCC	oked by any ulatory servic Deposit Insur	tes agency rance	Yes () No (X Yes () No (X Yes () No (X	·)	
6.3 6.4 77.1 8.1 8.2 8.3 8.4	This date State as This is th By what Has this re governme agreemen If yes, giv Is the com If respons Is the com	of what date the latest financial examination reported release date or completion date of the examination department or departments? eporting entity had any Certificates of Authority, licental entity during the reporting period? (You need int.) we full information enpany a subsidiary of a bank holding company regulate to 8.1 is yes, please identify the name of the bank et al., and the second period is set to 8.3 is yes, please provide below the names and Federal Reserve Board (FRB), the Office of the Coon (FDIC) and the Securities Exchange Commission Affiliate Name	became available to other states or the public from either the con report and not the date of the examination (balance sheet of the examination (balance sheet of the examination) (if application) action, either formal or informal, if a confidential stated by the Federal Reserve Board? The properties firms? In ad location (city and state of the main office) of any affiliates report of the currency (OCC), the Office of Thrift Supervision (SEC)] and identify the affiliate's primary federal regulator.	egulated by a federal region (OTS), the Federal	oked by any ulatory servic Deposit Insur	ces agency rance 6 FDIC	Yes () No (X Yes () No (X Yes () No (X	·)	

SCHEDULE A - VERIFICATION

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 2. Increase (decrease) by adjustment 3. Cost of acquired 4. Cost of additions to and permanent improv 5. Total profit (loss) on sales		

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest on mortgages owned. December 31 of prior year. 2. Amount loaned during period: 2. 1. Actual cost at time of acquisitions. 2. 2. Additional investment made after at a the accrual of discount and mortgage interest. Increase (decrease) by adjustment. Total profit (loss) on sale. Amounts paid on account or in full during t. Amortization of premium. Increase (decrease) by foreign exchange. Book value/recorded investment excluding. Total valuation allowance. Subtotal (Line 9 plus Line 10). Total nonadmitted amounts. Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column).		

SCHEDULE BA - VERIFICATION

Other Invested Assets

		1	2 Prior Year Ended
		Year To Date	December 31
1	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year		
2	Cost of acquisitions during period:		
۷.	2.1. Actual cost at time of acquisitions	1 453 390	
	2.2. Additional investment made after acquisitions.		
3.	Accrual of discount		
4.	Increase (decrease) by adjustment		
5.	Total profit (loss) on sale		
6.	Amounts paid on account or in full during the period		
7.	Amortization of premium		
8.	Increase (decrease) by foreign exchange adjustment		
9.	Book/adjusted carrying value of long-term invested assets at end of current period .		
10.	Total valuation allowance		
11.	Subtotal (Line 9 plus Line 10)	,,	
12.	Total nonadmitted amounts		
13.	Statement value of long term invested assets at end of current period (Page 2, Line 7, Column 3)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1 Year To Date	2 Prior Year Ended December 31
1. 2. 3.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year. Cost of bonds and stocks acquired Accrual of discount	654 , 130	17,358,313
4. 5.	Increase (decrease) by adjustment		
6. 7.	Total profit (loss) on disposal Consideration for bonds and stocks disposed of	l 1.969.990′	3.197.098
8. 9. 10	Amortization of premium Book/adjusted carrying value, current period Total valuation allowance	10,031,398	17,364,710
11. 12.	Subtotal (Line 9 plus Line 10) Total nonadmitted amounts	16,031,398	17,364,710
13.	Statement value	16,031,398	17,364,710

_

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1	17,364,710	654,130	1,969,990	(17,452)	16,031,398			17,364,710
2. Class 2 3. Class 3 4. Class 4								
5. Class 5. 6. Class 6.								
7. Total Bonds.	17,364,710	654,130	1,969,990	(17,452)	16,031,398			17,364,710
PREFERRED STOCK								
8. Class 1. 9. Class 2. 10. Class 3.								
11. Class 4. 12. Class 5. 13. Class 6.								
14. Total Preferred Stock								
15. Total Bonds and Preferred Stock.	17,364,710	654,130	1,969,990	(17,452)	16,031,398			17,364,710

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
8299999 Totals	N	IONE			

SCHEDULE DA - PART 2 - VERIFICATION

Short-Term Investments Owned

	1	2
	Year To Date	Prior Year Ended December 31
Book / adjusted carrying value, December 31 of prior year		
2. Cost of short-term investments acquired		
3. Increase (decrease) by adjustment		
4. Increase (decrease) by foreign exchange ac		
5. Total profit (loss) on disposal of short-term i		
6. Consideration received on disposal of short-t		
Consideration received on disposal of short-1 Book / adjusted carrying value, current peric		
8. Total valuation allowance		
9. Subtotal (Line 7 plus Line 8)	 	[
10. Total nonadmitted amounts		
11. Statement value (Line 9 minus Line 10)		
12. Income collected during period		
13. Income earned during period		

SCHEDULE DB - PART F - SECTION 1

Replicated (Synthetic) Assets Open

_	Replicated	d (Synthetic) Asset				Components of the Replicated (Synthetic) Asset								
1	2	3	4	5	Derivative Instruments Ope	n		Cash	Instrument(s) Held					
					6	7	8	9	10	11	12			
Replication RSAT Number	Description	NAIC Designation or Other Description	Statement Value	Fair Value	Description	Fair Value	CUSIP	Description	Statement Value	Fair Value	NAIC Designation or Other Description			

5

SCHEDULE DB - PART F - SECTION 2

Reconciliation of Replicated (Synthetic) Assets Open

	First C	Quarter	Second	Quarter	Third C	Quarter	Fourth	Quarter	Year 1	To Date
	1	2	3	4	5	6	7	8	9	10
	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value						
Beginning Inventory										
Add: Opened or Acquired Transactions										
Add: Increases in Replicated Asset Statement Value	XXX						XXX		XXX	
4. Less: Closed or Disposed of Transactions										
Less: Positions Disposed of for Failing Effectiveness Criteria										
6. Less: Decreases in Replicated (Synthetic) Asset Statement Value	XXX						XXX		XXX	
7. Ending Inventory										

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1	2	3	4	5
NAIC	Federal			Is Insurer
Company Code	ID Number	Name of Reinsurer	Location	Authorized? (Yes or No)

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

 Al Al Al Al Ci 				3	4	5	6	7	8
2. Al 3. Ai 4. Ai 5. C	States, Etc.	Guaranty Fund (Yes or No)	Is Insurer Licensed ? (Yes or No)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Deposit-Type Contract Funds	Property Casualty Premium
. Al . Ai . Ai		(100 01 110)	(100 01 110)	Tromiumo	11.10 7.1111	THIO 707	Tromiumo	Contract i unac	11011110111
. Aı . Aı . C	labama								
. C	rizona AZ								
	rkansas								
-c	alifornia								
	olorado CO onnecticut CT								
	elaware DE								
	istrict of Columbia DC								
	lorida								
	eorgia								
	awaii								
	laho								
	inois IL Idiana IN							[
	waIA								
K	ansas								
K	entucky							[
L	ouisianaLA								
	laine ME laryland MD							[
	laryland MD lassachusetts MA								
	lichigan MI								
M	linnesota								
	lississippi MS								
	lissouriMO								
	lontana MT								
	ebraska NE evada NV								
N	ew Hampshire NH								
	ew Jersey								
	ew Mexico	_	_						
	ew York				N				
	orth Carolina								
	orth Dakotahio								
	klahoma		W						
	regon.	———							
	ennsylvania		•						
	hode Island								
	outh Carolina								
	outh Dakota SD ennessee TN								
	exas. TX					1			
	tahUT								
	ermontVT								
	irginiaVA							[
W	/ashingtonWA /est VirginiaWV							[
	rest virginia							[
	/yoming								
	merican Samoa								
G	uam								
	uerto Rico PR							[
	S. Virgin Islands VI orthern Mariana Islands MP							[
	anada							[
	ggregate Other Alien. OT	XXX	XXX						
Si	ŭbtotal	XXX	XXX						
R	eporting entity contributions for Employee Benefit Plans.	XXX	XXX					[¹	
To	otal (Direct Business)	XXX	(a)						
0.0	- WDITE INO								
	F WRITE-INS								1
								1	
. <u>Ş</u> ı	ummary of remaining write-ins for Line 58 from overflow page							ļ !	
T/	otal (Line 5801 through Line 5803 plus Line 5898) (Line 58 above)								

⁽a) Insert the number of yes responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

SCHEDULE A - PART 2

Showing All Real Estate ACQUIRED During the Current Quarter

1	Location			5	6	7	8 Book / Adjusted	9 Expended for
	2	3	Date			Amount of	Carrying Value Less	Additions and Permanent
Description of Property	City	State	Acquired	Name of Vendor	Actual Cost	Encumbrances	Encumbrances	Improvements

NONE

SCHEDULE A - PART 3

Showing All Real Estate SOLD During the Quarter, Including Payments During the Final Year on "Sales under Contract"

1	Location		4	5	6	7	8	9	10	11	12	13	14	15	16
Description of Description	2	3 Chata	Diagonal Data	Name of	Astroph Cost	Increase (Decrease) by	Increase (Decrease) by Foreign Exchange	Expended for Additions, Permanent Improvements and Changes in		Amounts	Foreign Exchange Profit (Loss)	Realized Profit (Loss)	Total Profit (Loss) on	Gross Income Earned Less Interest Incurred on	Taxes, Repairs and Expenses
Description of Property	City	State	Disposal Date	Purchaser	Actual Cost	Adjustment	Adjustment	Encumbrances	Encumbrances	Received	on Sale	on Sale	Sale	Encumbrances	Incurred

NONE

<u>E</u>

SCHEDULE B - PART 1

Showing All Mortgage Loans ACQUIRED during the Current Quarter

1	Location		4	5	6	7	8	9	10	11	12
	2	3					Book Value/Recorded Investment	Increase	Increase (Degreese) by	Value of Land	Date of Last
Loan Number	City	State	Loan Type	Actual Cost	Date Acquired	Rate of Interest	Excluding Accrued Interest	Increase (Decrease) by Adjustment	(Decrease) by Foreign Exchange Adjustment	and Buildings	Appraisal or Valuation

NONE

SCHEDULE B - PART 2

Showing All Mortgage Loans SOLD, Transferred or Paid in Full During the Current Quarter

1			4	5	6	7	8	9	10	11	12	13
	Loca	tion			Book Value/Recorded		Increase	Book Value/Recorded				
	2	3			Investment	Increase	(Decrease)	Investment		_Foreign		
				Date	Excluding Accrued Interest	(Decrease)	by Foreign Exchange	Excluding Accrued Interest	Consideration	Exchange Profit (Loss)	Realized Profit (Loss)	Total Profit (Loss)
Loan Number	City	State	Loan Type	Acquired	Prior Year	Adjustment	Adjustment	at Disposition	Received	on Sale	on Sale	on Sale

SCHEDULE BA - PART 1

Showing Other Long-Term Invested Assets ACQUIRED During the Current Quarter

1	2			5	6	7	8	9	10	11	12	13	14	15	16
		Location	on							Book/Adjusted		Increase	Increase (Decrease)	Commitment	
		3	4			Date	Туре		Amount	Carrying Value		(Decrease)	By Foreign	for	Percentage
CUSIP Identification	N 5 10	0"	21.1	Name of Vendor	NAIC	Originally	and	Actual	_ of	Less	Fair	by .	Exchange	Additional	of .
Identification	Name or Description	City	State	or General Partner	Designation	Acquired	Strategy	Cost	Encumbrances	Encumbrances	Value	Adjustment	Adjustment	Investment	Ownership

NONE

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets SOLD, Transferred or Paid in Full During the Current Quarter

1	2	Locatio	on.	5	6	7	8	9	10	11	12	13	14	15
		3	4	Name of Purchaser	Date	Book/Adjusted Carrying Value Less	Increase (Decrease)	Increase (Decrease) by Foreign	Book/Adjusted Carrying Value less		Foreign Exchange	Realized	Total	
CUSIP Identification	Name or Description	City	State	or Nature of Disposal	Originally Acquired	Encumbrances Prior Year	by Adjustment	Exchange Adjustment	Encumbrances on Disposal	Consideration Received	Gain (Loss) on Disposal	Gain (Loss) on Disposal	Gain (Loss) on Disposal	Investment Income

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

1	2	3	1	5	6	7	Q	٥	10
'			7	0		,	0		10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - U.S. Gov 912827-2J-0 0399999 - Subtota	U.S.TREASURY		03/01/2006	G.X.CLARKE AND COMPANY			100,000.00		
3133XC-MU-4 3133XC-XA-6	Governments FEDERAL HOME LOAN BANK FEDERAL HOME LOAN BANK I - Bonds - All Other Governments		02/21/2006 03/14/2006	U.S. BANKCORP PIPER JAFFRAY FIRST TN BANK				234 1,078 1,312	
22541L-AD-5 441812-JX-3 244217-BH-7 717081-AK-9	JOHN DEERE CAPITAL CORP PFIZER INC.		02/07/2006 02/07/2006	ADP CLEARING SERVICES SCOTT AND STRINGFELLOW INV. CORP ADP CLEARING SERVICES SCOTT AND STRINGFELLOW INV. CORP		99,262 97,505	100,000.00 100,000.00 100,000.00 100,000.00 400,000.00	1,789 831 2,063 986 5,669	
6099997 - Subtota	I - Bonds - Part 3					654,130	655,000.00		
6099999 - Subtota	il - Bonds					654,130	655,000.00	7,240	
7499999 - TOTALS	S					654, 130		7.240	

⁽a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10		Change In E	Book/Adjusted Ca	rrying Value		16	17	18	19	20	21	22
CUSIP Identifi- cation	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amort- ization) / Accretion	13 Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Maturity Date	Designation or Market Indicator (a)
Bonds - All Ot	ther Governments																				
	FEDERAL HOME LOAN BANK			SUNTRUST BANK			. 555,000.00	568,681	556,040		(1,040)		(1,040)		555,000				6,938	03/15/2006	3
	FEDERAL HOME LOAN BANK			AMSOUTH BANK		100,000	. 100,000.00	100,000	100,000										1,057	03/01/2006	
	FEDERAL NATIONAL MTG ASSN			SUNTRUST BANK			500,000.00	489,990	497,109		(7,119)		(7,119)		489,990				10,010		
	FEDERAL NATIONAL MTG ASSN stotal - Bonds - All Other Governments.			SUNTRUST BANK		200,000	. 200,000.00	200,000 1,358,671	198,892 1,352,041		1,108				200,000						
						1,044,000	1,000,000.00	1,000,071	1,002,041		(1,001)		(1,001)		1,044,000				10,700		
Bonds - Indus	trial and Miscellaneous (Unaffiliated) BEAR STEARNS CO		03/30/2006	AMSOLITH		100 000	. 100,000.00	00 513	104,638		(4 635)		(4 635)		100,000				1 500	03/30/3008	:
	LIELLED EINIANICIAL INIC		03/30/2006			100,000	. 100,000.00	103,026	104,030		(4,033)		(568)								
	HOUSEHOLD FINANCE CORP	• • • • • • • • • • • • • • • • • • • •	01/24/2006					102,785	100,300		(189)		(189)		100,000						
	INTERNATIONAL LEASE FINANCE		01/17/2006			125,000	. 125,000.00	125,671	125,033		(33)				125,000						
	SUNTRUST BANK SER BKNT		01/30/2006			100.000	. 100,000.00	98,806	99,900		(100)				100.000				1,063	01/30/2006	
	U.S. BANKCORP SER N		03/30/2006	AMSOUTH		100,000	. 100,000.00	99,204	99,827		(173)		(173)		100,000				1,375	03/30/2006	3
4599999 - Sub	total - Bonds - Industrial and Miscellane	eous (Unaffilia	ated)			625,000	625,000.00	629,005	630 , 155		(5,698)		(5,698)		625,000				11,654		
6099997 - Sub	ototal - Bonds - Part 4					1,969,990	1,980,000.00	1,987,676	1,982,196		(12,749)		(12,749)		1,969,990				31,409		
6099999 - Sub	ototal - Bonds					1,969,990	1,980,000.00	1,987,676	1,982,196		(12,749)		(12,749)		1,969,990				31,409		
7499999 - TO	TALS					1,969,990		1,987,676	1,982,196		(12,749)		(12,749)		1,969,990				31,409		

SCHEDULE DB - PART A - SECTION 1

Showing all Options, Caps, Floors and Insurance Futures Options Owned at Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Description	Number of Contracts or Notional Amount	Date of Maturity, Expiry, or Settlement	Strike Price, Rate or Index	Date of Acqui- sition	Exchange or Counterparty	Cost/Option Premium	Book Value	*	Statement Value	Fair Value	Year to Date Increase / (Decrease) by Adjustment	Used to Adjust Basis of Hedged Item	Other Investment/ Miscellaneous Income

NONE

SCHEDULE DB - PART B - SECTION 1

Showing all Options, Caps, Floors and Insurance Futures Options Written and In-Force at Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Description	Number of Contracts or Notional Amount	Date of Maturity, Expiry, or Settlement	Strike Price , Rate or Index	Date of Issuance/ Purchase	Exchange or Counterparty	Consideration Received	Book Value	*	Statement Value	Fair Value	Year to Date Increase/(Decrease) by Adjustment	Used to Adjust Basis	Other Investment/ Miscellaneous Income

SCHEDULE DB - PART C - SECTION 1

Showing all Collar, Swap and Forwards Open at Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Description	Notional Amount	Date of Maturity, Expiry, or Settlement		Date of Opening Position or Agreement	Exchange or Counterparty	Cost or (Consideration Received)	Book Value	*	Statement Value	Fair Value	Year to Date Increase (Decrease) by Adjustment	Used to Adjust Basis of Hedged Item	Other Investment/ Miscellaneous Income	Potential Exposure

NONE

SCHEDULE DB - PART D - SECTION 1

Showing all Futures Contracts and Insurance Futures Contracts at Current Statement Date

1	2	3	4	5	6	7	8	9	Var	iation Margin Informat	ion	13
						Date of			10	11 Used to	12	
Description	Number of Contracts	Maturity Date	Original Value	Current Value	Variation Margin	Opening Position	Exchange or Counterparty	Cash Deposit	Recognized	Adjust Basis of Hedged Item	Deferred	Potential Exposure

STATEMENT AS OF MARCH 31, 2006 OF THE MEMPHIS MANAGED CARE CORPORATION

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

	1	2	3	4	5		R Balance at End of h During Current Qu	
	Depository		Rate of	Amount of Interest Received During	Amount of Interest Accrued at Current	6	7	8
Name	Location and Supplemental Information	Code	Interest	Current Quarter	Statement Date	First Month	Second Month	Third Month
MSOUTH MSOUTH MSOUTH MSOUTH MSOUTH MSOUTH MSOUTH	SUNTRUST BANK TNGeneral Operating SUNTRUST BANK TNInvestment AMSOUTH BANK TNGeneral Operating AMSOUTH BANK TNClaims AMSOUTH BANK TNPayroll AMSOUTH BANK TNEscrow Cash AMSOUTH BANK TNTrust					4,739,013 (11,120,838) 	3,503,421 (9,201,250) 4,787 457,395 4,183,629	6,814,606 (11,533,193 5,285 1,023,815 4,414,061
399999 - TOTAL Cash on Deposit						3,021,617	1,471,104	3,905,640
199999 - Cash in Company's Office						600	600	600
i99999 - TOTALS						3,022,217	1,471,704	3,906,24

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book / Adjusted Carrying Value	Amount of Interest Due and Accrued	Gross Investment Income